

		C.O. NO. 1. L4990		INSP. NO. 2.		AREA 3.		DATE 4.		
ALASKA DEPARTMENT OF LABOR Division of Occupational Safety & Health ACCIDENT INVESTIGATION REPORT										
EMPLOYER INFORMATION	5. EMPLOYER'S NAME OSBORNE CONSTRUCTION INC				6. EMPLOYER CONTACT MIKE RITCHIE			7. TELEPHONE 356-1160		
	8. ADDRESS 10602 NE 38TH PLACE #100				9. CITY KIRKLAND, WA			10. ZIP 98033		
	11. TYPE OF BUSINESS CONSTRUCTION				12. SIC NO. 1542		13. Number of Employees 73			
ACCIDENT FACTS	14. EMPLOYEE NAME JOEL WALLENDER			15. ADDRESS 2541 TEELAND ST. WASILLA, AK			16. TELEPHONE (907) 242-5111			
	17. S.S. NUMBER		18. BADGE NO.		19. AGE 34		20. MARITAL STATUS SINGLE		21. SPOUSE'S NAME NA	
	23. Date of Accident 8-5-02		24. Time of Accident 8:45AM		25. Exact Location of Accident Site Stairwell, unit D, Bldg 1410			26. Exact Location of Accident at Site F401-BLDG 4 FT. WAINWRIGHT		
	27. Work Assignment when Accident Occurred CARPENTER				28. Operation Involved Decking & Framing		29. Equipment Involved FALL PROTECTION EQUIPMENT HARNESSES, lanyards, anchors			
	30. Regular Occupation of Injured carpenter		31. Name of Supervisor at Time of Accident MATTHEMERSON		32. Fatal		33. Total Days Lost		34. No Lost Time	
	35. First Notification of Accident (phone, radio, paper, other) RADIO		37. Notified by whom Jim FRANK		38. Weather Sunny		39. Terrain 2nd Floor deck of building 1410			
	40. Briefly describe accident and how it happened. Carpenter fell from 2nd floor deck to basement by way of stairwell (stairs not yet installed). Although injured was wearing full-body harness & lanyard, it is not clear whether injured was tied off or not. Anchor on 2nd floor deck was partially pulled out of decking. No other personnel witnessed the accident. Other anchors in immediate vicinity of stairwell appeared to be intact.									
	41. What has been done to correct condition causing accident? If nothing, Explain. ALL ACTIVITY IN IMMEDIATE AREA WAS STOPPED AND AREA CORDED OFF UNTIL ACC. INVESTIGATION COMPLETED									
	42. What remains to be done? (C.O.'s Comment)									
	REGULATIONS INVOLVED	43. Did a violation of a regulation, code, or standard cause or contribute to this accident? Check One <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO WPL If "YES", cite regulation, code or standard.								
44. Does the regulation, code, or standard adequately cover the cause? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "NO", complete and submit DOSH 9.										
WITNESSES	45. NAME		ADDRESS			CITY & STATE		TELEPHONE		
46.		Wm Patrick Loekso Compliance Officer's Signature								

Occupational Safety and Health



Fatality/Catastrophe Report

Aug 8, 2002 9:16am

Reporting ID	1050210	Previous Activity (Type & Number)	0		Event Number	101681070	
Establishment Information	Establishment Name	Osborne Construction Company				Employer ID	
	Site Address	100th & Chestnut Fort Wainwright AK 99703				City Code	0801
	Site Phone	(907) 356-1160	Site FAX	(907) 356-2949	County Code		
	Mailing Address	100th & Chestnut Fort Wainwright, AK 99703					
Industry & Ownership	Type of Business					Primary SIC	1542
	Ownership	A. Private Sector				No. of Employees	200
Receipt Information	Reported By			Date	08/05/02	Time	
	Job Title			Telephone			
Employee Representation	Group Name(s):						
Classification	B. Catastrophe						
Event Description	Event Date	Event Time	Number of Fatalities	Number of Hospitalized Injuries	Number of NonHospitalized Injuries	Number Unaccounted for	
	08/05/02	08:45 am	0	1	0	0	
	Type of Event	Fall from Height					
Preliminary Description	An employee on the wall framing crew was waiting for his partner to finish rigging a wall section to be picked and put into place. The employee asked the acting leadman for something to do while waiting. The acting lead had the victim help snap lines on the 2nd floor deck. All employees were wearing fall protection and hooked up. When finished snapping lines the acting lead had the employee pull up the Miller clips (one use anchors) because they were in the way of where the walls would stand. The victim unattached to the anchors, walked to the other end of the building pulling up clips. He bent down to pull up the clip with his hammer, and pulled up, the clip came loose suddenly and the victim went backwards into a floor opening, landing in the basement 18'6" below. The victim suffered a broken back, collapsed lung, and fractured skull.						
Action	Inspection Planned?	Supervisor(s) Assigned			CSHO(s) Assigned		
	Yes	S8701			L4990		
Strategic Initiatives	CONSTRUCTION						
National Emphasis							
Local Emphasis	AKS NON-OSHA-SAFETY						
Optional Information	Type	ID	Optional Information Value				



Investigation Summary

Thu Aug 8, 2002 9:42am

Reporting ID	Investigation Summary Number	OSHA-36 Number	OSHA-36 Establishment Name
1050210	201681012	101681070	Osborne Construction Company
Event Date	08/05/02	Event Time	08:45 am
Type of Event	Fall from Height		

Inspection Number/ Establishment Name	303702237 Osborne Construction Company
Injured/Deceased Name	Joel Wallender
Sex:	M. Male
Age:	34
Injury:	B. Hospitalized
Nature:	12 Fracture
Part of Body:	03 Back
Source of Injury:	42 Working surface
Event Type:	05 Fall (from elevation)
Environmental Factor:	13 Working surface or facility layout condition
Human Factor:	01 Misjudgment of hazardous situation
Task:	B Not Regularly Assigned
Substance Code:	
Occupational Code	567 - CARPENTERS

Abstract:

An employee fell through a stairwell opening 18'6" to the concrete floor in the basement. The victim was pulling up anchor clips for attachment points for fall protection from the building perimeter. The clips were attached wher the walls would be located. The victim was not attached to an anchor while pulling another from the floor. As the victim pulled up on the clip the nails pulled loose and the employee went backwards and down the stairwell shaft. The victim sustained a broken back, collapsed lung, and the back of his head fractured.

CONSTRUCTION ACCIDENT INFORMATION

Project Level Information

Type of Construction	
A New project or new addition	
End-use Type of Construction Site	
B Multi-family dwelling	
If a building site, number of stories (in feet):	2
If a non-building structure, height (in feet) :	0
Project Cost	
F \$5,000,000 to \$20,000,000	

Victim Level Information

Victim's Name	Joel Wallender
Cause of Fatality / Accident	Fall through opening (other than roof)
Distance of the Fall (in feet)	18
Height above ground (or floor) of the worker when the fall occurred (ft)	6
Operation being performed by the victim	Other Activities-Post Decking Detail Work
Contributing Operation (if different from the operation above)	

Inspection Report

Fri Sep 13, 2002 1:49pm

Rpt ID	Assignment Nr.	CSHO ID	Supervisor ID	Inspection Nr.	Opt. Insp. Nr.
1050210	0	L4990	S8701	303702237	260-02

Establishment Name		Osborne Construction Company			
Site Address	100th Street & Chestnut Fort Wainwright, AK 99703	Site Phone	(907) 356-1160	Site FAX	(907) 356-2949
Mailing Address	100th Street & Chestnut Fort Wainwright, AK 99703	Mail Phone	(907) 356-1160	Mail FAX	(907) 356-2949
Controlling Corp	Osborne Construction Company	Employer ID			
Ownership	A. Private Sector	City	0801	County	090
Legal Entity	A. Corporation	Previous Activity (State Only)			

Related Activity					
Type	Number	Satisfied	Type	Number	Satisfied
A. Accident	101681070				

Employed in Establishment	73	Advance Notice?	No	Category	S. Safety
Covered By Inspection	72	Union?	No	Primary SIC	1522
Controlled By Employer	302	Walkaround?	No	Secondary SIC	
		Interviewed?	Yes	Inspected	

Inspection Type	A. Fatality/Catastrophe	Reason No Inspection	
Scope of Inspection	A. Comprehensive Inspection		
Classification	Safety Planning Guide/Construction		
Strategic Initiatives	CONSTRUCTION		
National Emphasis			
Local Emphasis	AKS		

Anticipatory Warrant Served?	No	Denial Date	Date ReEntered	Date ReDenied	ReEntered
Anticipatory Subpoena Served?	No				

Entry	08/05/02	10:55	First Closing Conference	09/10/02	14:59
Opening Conference	08/05/02	11:06	Second Closing Conference		
Walkaround	08/05/02	11:06	Exit	09/10/02	16:02
Days On Site	5		Case Closed		
			No Citations Issued		

Type	ID	Optional Information

CSHO Signature	Wm. Patrick Laake	Date	16 Sept 02
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OSHA-200 Data/Safety and Health Program Evaluation

Sep 13, 2002 10:07am

Establishment Name	Osborne Construction Company				Ownership	A. Private Sector	
Site Address	100th Street & Chestnut Fort Wainwright, AK 99703			Site Phone	(907) 356-1160	Site FAX	(907) 356-2949
Mailing Address	100th Street & Chestnut Fort Wainwright, AK 99703			Mailing Phone	(907) 356-1160	Mailing FAX	(907) 356-2949
Controlling Corp	Osborne Construction Company				Employer ID		

SUMMARY OSHA-200 DATA						Data Not Available		Partial Log Year	No	# Of Weeks	0							
WDI RATE	19.0	LWDII RATE	19.0	Log Year	1999	Employment Average	342	Total Hours Worked	157755									
Occupational Injury Cases					Occupational Illness Cases													
(1) Nbr. of Fatality Cases	(2) Lost Workday Cases	(3) Cases With Days Away	(4) Nbr. of Days Away	(5) Restricted Workdays	(6) Cases w/o Lost Workdays	(7a) Skin Diseases/ Disorders	(7b) Dust Diseases (Lungs)	(7c) Respiratory Toxic Agents	(7d) Poisons	(7e) Disorders Physical Agents	(7f) Repeat Trauma	(7g) Other	(8) Nbr. of Fatality Dates	(9) Lost Workday Cases	(10) Cases With Days Away	(11) Nbr. of Days Away	(12) Restricted Workdays	(13) Cases w/o Lost Workdays
0	15	5	78	152	3	0	0	0	0	0	0	0	0	0	0	0	0	0

SUMMARY OSHA-200 DATA						Data Not Available		Partial Log Year	No	# Of Weeks	0							
WDI RATE	15.9	LWDII RATE	15.9	Log Year	2000	Employment Average	358	Total Hours Worked	151137									
Occupational Injury Cases						Occupational Illness Cases												
(1) Nbr. of Fatality Cases	(2) Lost Workday Cases	(3) Cases With Days Away	(4) Nbr. of Days Away	(5) Restricted Workdays	(6) Cases w/o Lost Workdays	(7a) Skin Diseases/ Disorders	(7b) Dust Diseases (Lungs)	(7c) Respiratory Toxic Agents	(7d) Poisons	(7e) Disorders Physical Agents	(7f) Repeat Trauma	(7g) Other	(8) Nbr. of Fatality Dates	(9) Lost Workday Cases	(10) Cases With Days Away	(11) Nbr. of Days Away	(12) Restricted Workdays	(13) Cases w/o Lost Workdays
0	12	5	59	47	4	0	0	0	0	0	0	0	0	0	0	0	0	0

SUMMARY OSHA-200 DATA						Data Not Available		Partial Log Year	No	# Of Weeks	0							
WDI RATE	12.5	LWDII RATE	12.5	Log Year	2001	Employment Average	689	Total Hours Worked	417509									
Occupational Injury Cases					Occupational Illness Cases													
(1) Nbr. of Fatality Cases	(2) Lost Workday Cases	(3) Cases With Days Away	(4) Nbr. of Days Away	(5) Restricted Workdays	(6) Cases w/o Lost Workdays	(7a) Skin Diseases/ Disorders	(7b) Dust Diseases (Lungs)	(7c) Respiratory Toxic Agents	(7d) Poisons	(7e) Disorders Physical Agents	(7f) Repeat Trauma	(7g) Other	(8) Nbr. of Fatality Dates	(9) Lost Workday Cases	(10) Cases With Days Away	(11) Nbr. of Days Away	(12) Restricted Workdays	(13) Cases w/o Lost Workdays
0	26	22	254	234	10	0	0	0	0	0	0	0	0	0	0	0	0	0



Inspection Narrative

Fri Sep 13, 2002 1:49pm

Inspection Nr.		303702237	
Opt. Case Number		260-02	
Establishment Name	Osborne Construction Company		
Legal Entity	A. Corporation	Type of Business	Construction

Additional Citation Mailing Addresses

Osborne Construction Company
ATTN: Paul Herbold (425) 827-4221
PO Box 97010
Kirkland, WA 98083-9710

Organized Employee Groups

Authorized Employee Representatives

Employer Representatives Contacted

Name	Title	Function	Walk Around?
Mike Ritchie	Project Engr, Osborne	IO	N
Jan Revermann	Field Project Engr,	I	N
Jeff Crawford	Superintendent, Osborne	IC	Y
Chris Seeley	Osborne	IO	Y
Jim Frink	Quality Control, Osborne	IO	Y
Matt Emerson	Framing Foreman, Osborne	IO	N

Other Persons Contacted

Entry	08/05/02	10:55	First Closing Conference	09/10/02	14:59
Opening Conference	08/05/02	11:06	Second Closing Conference		
Walkaround	08/05/02	11:06	Exit	09/10/02	16:02
			Case Closed		

Penalty Reduction Factors

Size	0	Good Faith	25	History	10
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Followup Inspection? Y Reason Later phase of construction

Coverage Information/Additional Comments

SAFETY NARRATIVE

Osborne Construction Company
3701 Braddock Street
Fairbanks, Alaska 99701

On 5 August 2002 at 1106 am I began an opening conference with the Superintendent of Osborne Construction Company at a housing project on Fort Wainwright, Alaska. This inspection was assigned to me by my supervisor. This inspection is due to an accident, where an employee fell through a stairwell opening, 18'6" to a concrete floor in the basement. The victim landed on a keg (box) of nails. He sustained injuries to his head, broke his back, and has a collapsed lung. The accident happened at approximately 0800 but the victim was not found till 0839 am. The victim is still in the Providence Hospital in Anchorage, Alaska, and does not remember anything involved in the accident, except what others have told him. This employee had been on the job for 1.5 weeks, he was a carpenter with the framing crew setting exterior walls and then setting the interior walls. All the wall sections were manufactured in Anchorage, trucked to Fairbanks and the Fort Wainwright job site, then raised by crane on the site and nailed in place.

All the employees that work above 6' have been trained in fall protection prior to starting work. The crew working on the 2nd floor deck were wearing fall protection and tied off. The victim was tied off at one time, then the leadman lost track of him. When the victim was found, he was still wearing his harness and lanyard. The medics that responded cut the body harness from the victims body.

The units in which the framing crew was working was a 2 story building with a 7' high storage section for a basement. The building has 4 units, these units are: unit A - B - B reverse - A reverse; with A's being 4 bedroom and B's being 5 bedroom units. The framing crew was working in the confines of unit A on the 2nd floor. Units B and B reverse have the stairwells to the front of the building along the outside wall. Units A and A reverse (the end units) have stairwells located more towards the center of the units floor plans.

The victim was assigned by an acting leadman to remove 2 Miller anchorage clips from the floor, because they were installed where the exterior walls would be set. The victim was harnessed and attached to a retractable while working in unit B. The leadman got busy and lost track of the victim. Work started on the deck about 0705 am and at about 0730-0800 am they started asking about the victim and where he got off to. The victim was found at approximately 0839 am.

As the floor joist and decking crews begin the decking they are harnessed and tied off at the nearest place to attach to as they begin the decking from the outside wall working toward the opposite side. Consequently, the clips are placed in the exact position of the exterior wall placement, when the decking crew lays their first course of plywood.

The victim was waiting on his working partner to finish rigging exterior walls they would be setting, and in the meantime he wanted something to do so he asked the leadman and he stated that he could remove the anchor clips for the wall panels. The leadman stated that he told the victim to remove the clips within the area (or unit A) and not through to the other end of the building which would be units B, B reverse and A reverse the end unit, but he did not appear to be specific.

The victim proceeded down the length of the building removing clips, the leadman and his partner went back to work, laying out and snapping lines for the interior walls. The clip was located towards the front of building (S) about 3' from the edge. The clip is also (E) towards a front inside corner and about 1' from the edge. The stairwell opening is about 7' from the (S) front of the building. S & N sides of stairwell opening are 6'6", E & W are 9'6" back to front of building. The victim apparently stood on the deck between the outside edge and the inside stairwell opening. As he was bent over to drive the hammers claws into and under the clip and then pull up the nails or pull the clip up, it appears that he lunged backwards and fell through the opening after the clip or nails gave way. The clip was bent towards the opening suggesting that the force was heading towards him and the stairwell behind. I don't think anyone will know for sure what actually happened, unless the victims memory of the events come back.

Employees on the 2nd floor deck asked about the victim and where he had gone, no one new and assumed he was in the restroom, when they saw a tool belt that looked like his. But the tool belt belonged to the leadmans helper. When they finished the leadmans partner began sweeping the deck. When he got to the A reverse unit stairwell he hollered heads up and then looked through the opening to make sure no one was below when he swept the deck clean. He noticed someone on the ground. It appeared that an employee was lying on his back working because he noticed the victims arms moving around. As he looked harder he noticed the blood and then realized it was the victim. He hollered for help, a man was down, the leadman got on his radio and raised the alarm for help and an ambulance. Apparently the victim landed on a box or 2 boxes of nails.

Many of the employees that worked with the victim stated that the victim and his working partner were the safest employees on the deck and they were always telling the other employees to get attached, or tell them the proper safe way to do something.

The employers corporate safety officer and the superintendent feel that they are a safe company, and that maybe in this case the employee caused the accident. Therefore, an employee misconduct defense may be in the works. After looking into this alleged defense I found the following conclusions:

1. Employer has established work rules and policies designed to prevent the violation. --
- The employer has an established written safety program; it has a fall protection plan, and it covers training on walking/working surfaces, and fall protection training before ~~the~~ the employee starts work.
2. It has adequately communicated those rules and policies to its employees. Fall protection training has been given and is documented for employees and for the victim that took the fall. Safety meetings have covered fall protection and safety meetings are held on Mondays with documentation, and daily tool box meetings take place with the different crews, but are not documented.
3. It has taken steps to discover violations -- The employer does daily safety inspections, Daily reports have a section for SAFETY -- where the QC documents items of safety whether for employee misconduct (see Wednesday, July 31, 2002, Contractor Quality Control/Quality Assurance Report Continued, FY01 Replacement Housing,....) or for safety related problems that need to be addressed, example (Tuesday, July 2, 2002 or Wednesday, July 3, 2002). The company has and enforces its employee disciplinary action program, See 3 write ups (2 on 7/31/02 for fall protection and another for an accident that took place in August after this accident).
4. It has effectively enforced the rules and policies when violations have been discovered --

See the above disciplinary actions taken for previous incidents to this particular accident, the training records of employees.

5. The employee that caused a safety and/or health infraction was aware the infraction was contrary to the employers safety/health requirements and policies Training records are in this file, safety meetings with documented signatures of who attended are in this file. The employee signed an Employee Safety Orientation acknowledgement form when hired for the FY01 housing project on 24 July 2002. The victim in this case does not appear to have long term or short term memory, so I cannot confirm through him that he is/was aware of the company safety rules, but the company has a signed orientation stating that he does understand the company's safety policy. The victim has informed other employees of the need for safety and fall protection on the job, which was confirmed by employee interviews.

It was speculated that the Miller clip the victim was removing was not nailed to structural members but into the plywood decking. The Miller clip was running parallel with the outside front of the building. One prepunched hole of 6 (where the nails are driven through) in the clip, appears to be in the structural support under the joint where the ends of the plywood meet. After rechecking the area from underneath, the clip would have been nailed into blocking that runs along the outside perimeter of the building.

The closing conference began on 10 September 2002 at 1459 pm. Employer history is in this file. OSH 200 logs are in this file.

Inspection Number	303702237
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COVERAGE INFORMATION NATURE AND SCOPE

Check Applicable Boxes and Explain Findings:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Complaint Items |
| <input type="checkbox"/> | Referral Items |
| <input checked="" type="checkbox"/> | Accident Investigation Summary & Findings |
| <input type="checkbox"/> | LEP |
| <input type="checkbox"/> | Planned Inspection |

NATURE AND SCOPE -- UNUSUAL CIRCUMSTANCES (Mark X and explain all that apply:)

- | | |
|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | None |
| <input type="checkbox"/> | Denial of entry (see denial memo) |
| <input type="checkbox"/> | Delays in conducting the inspection |
| <input type="checkbox"/> | Strikes |
| <input type="checkbox"/> | Jurisdictional Issues |
| <input type="checkbox"/> | Trade Secrets |
| <input type="checkbox"/> | Other |

Comments:

OPENING CONFERENCE NOTES:

On 5 August 2002 at 1106 am; in attendance:
 at Laakso AKOSH Safety Enforcement Officer
 Mike Ritchie Project Engr, Osborne Construction Company
 Jan Revermann Field Project Engr, Osborne Construction Company
 Jeff Crawford Superintendent, Osborne Construction Company

Corps of Engineers personnel:
 John Beier Safety & Health
 Clyde Wilkerson Contractor Quality Control
 Roger Green Quality Assurance
 John Jacobson Area Engineer
 Major Stephenson Deputy Area Engineer

RECORDKEEPING PROGRAMS

(Other than 29 CFR 1904 requirements)
 Does the employer have a recordkeeping program relating to any occupational health issues (monitoring, medical, training, respirator fit tests, ventilation measurements, etc.)?

☐ Yes ☐ No
 Are any programs required by OSHA health standards?
☐ Yes ☐ No

COMPLIANCE PROGRAMS

(engineering controls, PPE, regulated areas, emergency procedures, compliance plans, etc.)
 Address any relevant compliance efforts regarding potential health hazards covered by the scope of the inspection.

PERSONAL HYGIENE FACILITIES AND PRACTICES

(showers, lockers, change rooms, etc.)
 Are any required by OSHA health standards?

☐ Yes ☐ No

What Standards:

HAZARD COMMUNICATION PROGRAM

Written Program (complete)

☒ Yes ☐ No

MSDS's (all)

☒ Yes ☐ No

Labeling (adequate)

☒ Yes ☐ No

Training (complete)

☒ Yes ☐ No

Copy MSDS's/Program attached

☐ Yes ☒ No

Comments:

ACCESS TO EXPOSURE & MEDICAL RECORDS
FIRE PROTECTION AND EVACUATION PROCEDURES
SYSTEMS SAFETY AND EMERGENCY RESPONSE
RESPIRATOR PROGRAM
LOCKOUT TAGOUT/ \ELECTRICAL SAFE WORKPRACTICES
FIRST AID
ELECTRICAL SAFE WORKPRACTICES
EXPOSURE CONTROL PLAN
LABORATORY STANDARD
ERGONOMIC PROBLEMS

☐ Yes ☐ No

- If yes, complete the items 1 and 2 below.
1. Lifting (10% or more similarly exposed employees injured)
 - a. Total # of employees exposed to job:
 - b. Total # of cases for job:
 2. CTD's (10% or more similarly exposed employees have CTD's; 5% or more CTS cases)
 - a. Total # of employees exposed to job:
 - b. Total # of cases for job:
- Other significant injury/illness trends
- ☐ Yes ☐ No
- If yes, explain.

EVALUATION OF EMPLOYER'S OVERALL SAFETY AND HEALTH PROGRAM

General Industry:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Employer has a Safety & Health Program
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Written
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Copy Attached

Construction Industry:

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Accident Prevention Program
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	Written
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	Copy Attached

Evaluation of Safety and Health Program

(0=Nonexistent 1=Inadequate 2=Average 3=Above average)

<input type="checkbox"/>	3	Written S&H Program
<input type="checkbox"/>	3	Communication to Employees
<input type="checkbox"/>	3	Enforcement
<input type="checkbox"/>	3	Safety Training Program
<input type="checkbox"/>	2	Health Training Program
<input type="checkbox"/>	3	Accident Investigation Performed
<input type="checkbox"/>	3	Preventive Action Taken

Comments:

CLOSING CONFERENCE NOTES:

On 10 September 2002 at 1459 pm; in attendance:

Pat Laakso	AKOSH Safety Enforcement Officer
Jeff Crawford	Superintendent, Osborne Construction Company
Mike Ritchie	Project Manager, Osborne Construction Company
VIA TELEPHONE:	Paul Herbold, Corporate Safety Officer, Osborne Const Co

Were any unusual circumstances encountered such as, but not limited to, abatement problems, expected contest and/or negative employer attitude? If yes, explain below.

☐ Yes ☒ No

19. Closing Conference Checklist ("x" as appropriate)

<input type="checkbox"/>	No Violations Observed
<input type="checkbox"/>	Gave Copy Employer Rights
<input checked="" type="checkbox"/>	Reviewed Hazards & Standards
<input checked="" type="checkbox"/>	Discuss Employer Rights/Obligations
<input checked="" type="checkbox"/>	Encouraged Informal Conference
<input checked="" type="checkbox"/>	Offered Abatement Assistance
<input checked="" type="checkbox"/>	Discussed Consultation Programs
<input type="checkbox"/>	Employer/Employee Questionnaires

Closing Conference Held with Employee Representative☐ Jointly ☒ Separately

CSHO Signature	<i>Wm. Patrick Laakso</i>	Date	<i>16 Sept 2002</i>
Accompanied By			